


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009		Booklet Number (Optional) 30126-8016 US01	
<i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-105))</i>			
Application Number	104005729-Conf #9132	Filed	November 5, 2008
For OPTIMIZED SERVER FOR STREAMED APPLICATIONS			
Art Unit	3585	Examiner	C. O. Sherr
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee	Small Entity Fee
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$130	\$85
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$490	\$245
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1110	\$555
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1730	\$865
<input type="checkbox"/>		\$2350	\$1175
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2207</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
<input checked="" type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB-55).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>52,548</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		_____ Date	
William F. Ahmann Typed or printed name		(855) 838-4300 Telephone Number	
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their legal representatives are required. Submit multiple filings if more than one signature is required. See below.</small>			
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.			

I hereby certify that this paper (along with any paper referred to as being attached to and/or as being transmitted via the Office electronic filing system) is in accordance with 37 CFR 1.6(c)(4).

Date September 3, 2009

Signature

(Joe Clark)